



# Community Health Improvement Plan Annual Report, 2016

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*Florida Department of Health in Orange County*

*December 2016*

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# Table of Contents

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## Contents

Introduction.....	3
Overview of the Community Health Improvement Plan .....	4
Summary of CHIP Annual Review Meeting .....	5
<b><i>Strategic Issue Area #1: Chronic Disease Prevention</i></b> .....	5
<b><i>Strategic Issue Area #2: Health Protection</i></b> .....	8
Revisions .....	13
Accomplishments .....	14
Conclusion.....	15
Appendices.....	16
<b>Appendix A: Annual CHIP Review Meeting Agenda</b> .....	17
<b>Appendix B: Annual CHIP Review Community Meeting Minutes</b> .....	17

## Introduction

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This is the annual report for the 2012 – 2017 Orange County Community Health Improvement Plan (CHIP). The activities and collaborative efforts of the Florida Department of Health in Orange County and community partners will be reflected within the report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented.

The last four years have marked a learning and growing process for the Healthy Orange Collaboration team. Whereas the current Community Health Improvement Plan emerged at a point in time when partners were “required” to develop and implement community health assessments and community health improvement plans, the Collaboration has worked together to improve the health of the community. The efforts resulted in a multi-county partnership to develop a new Community Health Assessment that will yield a regional picture.

Collaboration with Orange County partners has also resulted in the re-alignment of the current Community Health Improvement Plan to synchronize objectives with the hospitals’ timelines and deliverables. As a result, the original 2012-2015 plan was re-aligned to 2012-2017, still within the framework of the Public Health Accreditation Board.

The Healthy Orange Collaborative met for the last time as a group on March 4, 2016 with the hopes of re-organizing with new leadership and action plans. For the current CHIP (2016-2019), a wider group of community representatives have committed to the implementation and tracking of objectives (see Appendix A for list of current CHIP collaborators).

## Overview of the Community Health Improvement Plan

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In January of 2011, the Department of Health in Orange County convened the CHIP Planning Team. The Planning Team facilitated the CHIP process through using the National Association of City and County Health Officials' strategic planning model *Mobilizing for Action through Planning and Partnership* (MAPP). Subject matter experts from across a diverse group of partners conducted the four assessments suggested by the MAPP process. Individually, the assessment yielded in-depth analyses of factors and forces that impact population health. Taken together, the assessment findings contribute to a comprehensive view of health and quality of life in Orange County.

The Planning Team developed findings and presented these findings to the Steering Committee. The Steering Committee comprised a diverse leadership group representing various agencies and organizations in Orange County. The Steering Committee set priorities through a facilitated consensus process by looking for cross-cutting strategic issues that emerged from the four assessments. The Steering Committee reached consensus on four strategic issue areas: Health Protection, Chronic Disease Prevention, Access to Care and Health Finance and Infrastructure. See Table below for Strategic Issue Areas with their goals, developed by a workgroup of subject matter experts.

STRATEGIC ISSUE AREA	GOAL
Chronic Disease Prevention	1. Decrease morbidity and mortality related to diabetes and heart disease.
Health Protection	1. Reduce the rate of preterm births. 2. Prevent disease, disability and death through public health interventions.

## Summary of CHIP Annual Review Meeting

The Healthy Orange Collaborative convened for the last time on February 5, 2016 (See Appendix A for meeting agenda). No collaborative efforts have been taken to address any of the items in the Community Health Improvement Plan.

### **Strategic Issue Area #1: Chronic Disease Prevention**

Chronic disease continues to play a role in the health status of our community. As indicated in the chart below, heart disease, stroke, heart failure, and diabetes rates have all increased in the last three years. Other indicators that influence heart disease and diabetes, such as physical activity, have not improved in the same time frame.

### **Goal 1: Decrease morbidity and mortality related to diabetes and heart disease.**

<b>Objective</b>	<b>Baseline<sup>1</sup></b>	<b>Reported 12/2015</b>	<b>Current Level 12/2016</b>
<p>1.1 By June 30, 2017, decrease morbidity and mortality related to diabetes and heart disease by 3% through educational outreach on nutrition.</p> <p><b>Partners:</b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• YMCA</li> <li>• DOH-Orange</li> <li>• Food Bank</li> <li>• Orange County Government</li> <li>• Orange County Public Schools</li> </ul>	<p><b>Heart Disease</b> age-adjusted death rate = 151.57 per 100,000 (2011)</p> <p><b>Stroke</b> age-adjusted death rate = 31.9 per 100,000 (2011)</p> <p><b>Heart Failure</b> age-adjusted death rate = 11.0 per 100,000 (2009-11)</p> <p><b>Diabetes</b> age-adjusted death rate = 23.8 per 100,000 (2011)</p> <p><b>Adults diagnoses with diabetes</b> = 9.9% (2010)</p>	<p><b>Heart Disease</b> age-adjusted death rate = <b>150.8</b> per 100,000 (2014)</p> <p><b>Stroke</b> age-adjusted death rate = <b>35.7</b> per 100,000 (2014)</p> <p><b>Heart Failure</b> age-adjusted death rate = <b>13.6</b> per 100,000 (2014)</p> <p><b>Diabetes</b> age-adjusted death rate = <b>24.0</b> per 100,000 (2014)</p> <p><b>Adults diagnoses with diabetes</b> = <b>10.3%</b> (2013)</p>	<p><b>Heart Disease</b> age-adjusted death rate = <b>155.6</b> per 100,000 (2015)</p> <p><b>Stroke</b> age-adjusted death rate = <b>45.3</b> per 100,000 (2015)</p> <p><b>Heart Failure</b> age-adjusted death rate = <b>17.5</b> per 100,000 (2015)</p> <p><b>Diabetes</b> age-adjusted death rate = <b>20.8</b> per 100,000 (2015)</p> <p><b>Adults diagnoses with diabetes</b> = <b>10.3%</b> (2013) – No new data</p>
<p>1.2 By June 30, 2017, decrease morbidity and mortality related to diabetes and heart disease by 3% through increasing access to healthy food.</p> <p><b>Partners:</b></p>	<p>According to the USDA, “food deserts are defined as urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food”<sup>2</sup> There are many</p>		

<sup>1</sup> Statistics taken from Florida CHARTS for Orange County, FL

<sup>2</sup> <http://apps.ams.usda.gov/fooddeserts/foodDeserts.aspx>

<b><u>Objective</u></b>	<b><u>Baseline<sup>1</sup></u></b>	<b><u>Reported 12/2015</u></b>	<b><u>Current Level 12/2016</u></b>
<ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> <li>• Orange County Government</li> </ul>	neighborhoods in Orange County that are located in food deserts including areas in the following zip codes: 32805, 32808, 34761, 32703, 32807, 32833, and 32809.		
<p>1.3 By June 30, 2017, decrease morbidity and mortality related to diabetes and heart disease by 3% by promoting the benefits of physical activity.</p> <p><b><u>Partners:</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• YMCA</li> <li>• DOH-ORANGE</li> <li>• Food Bank</li> <li>• Orange County Public Schools</li> </ul>	<p><b>Adults who meet moderate physical activity recommendations = 30.5% (2007)</b></p> <p><b>Adults who meet vigorous physical activity recommendations = 27.5% (2007)</b></p> <p><b>Adults who engage in no leisure-time physical activity = 30.6% (2007)</b></p>	<p><b>Adults who meet moderate physical activity recommendations = 20.2% (2013)</b></p> <p><b>Adults who meet vigorous physical activity recommendations = 47.8% (2013)</b></p> <p><b>Adults who engage in no leisure-time physical activity = 26.0% (2013)</b></p>	FLHealthCHARTS last updated 2013.
<p>1.4 By June 30, 2017 decrease by 3% morbidity and mortality related to diabetes and heart disease by promoting smoking cessation initiatives.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> <li>• American Lung Association</li> <li>• Orange County Public Schools</li> </ul>	<b>Adults who are current smokers = 13.3% (2010)<sup>3</sup></b>	<b>Adults who are current smokers = 16.0% (2013)</b>	FLHealthCHARTS last updated 2013.
<p>1.5 June 30, 2017, decrease by 3% morbidity and mortality of <b><u>stress</u></b> related diabetes and heart disease.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	Research in relation to chronic diseases has shown a symbiotic relationship whereby stress can lead to heart disease and diabetes and that having a chronic disease like heart disease or diabetes, the person	No updates	No updates

<sup>3</sup> Statistics taken from Florida CHARTS for Orange County, FL

<u>Objective</u>	<u>Baseline<sup>1</sup></u>	<u>Reported 12/2015</u>	<u>Current Level 12/2016</u>
<ul style="list-style-type: none"> <li>Lakeside Behavioral Healthcare</li> </ul>	can suffer from stress. These combinations are compounded by a myriad of what are referred to as “social determinants of health.”		
<p>1.6 By June 30, 2017, reduce the severity of cardiac events through aggressive CPR training.</p> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>Healthy Orange Collaboration</li> <li>DOH-ORANGE</li> <li>American Heart Association</li> <li>Orange County Fire Department</li> <li>Orlando Medical Institute</li> <li>Catalyst Community Church</li> <li>Lake Whippoorwill KOA</li> <li>Orange County Fire Rescue (Station 65)</li> <li>Ocoee Fire Rescue</li> <li>Orlando Fire Rescue (City Hall, EMS Division and Station 1, Station 12 and Station 15)</li> </ul>	No baseline data. (The CHIP stated that we would conduct 3 activities yearly)	World Heart Day (2015)	World Heart Day (2016)

**NOTE:** Items in **GREEN** indicate that the objective was met. Those in **RED** indicate that the objective was not met.

#### Sample Initiatives Implemented to Support Objective:

- Women, Infants and Children (WIC)** program provided nutrition services to an average of 34,418 clients a month. Including distribution of materials in various languages.
- Annual **5K Walk** activity organized by DOH-Orange took place on September 24, 2016. Over 300 residents participated.
- Healthiest Weight:** State Surgeon General’s activity to make Florida the Healthiest State in the Nation.
- DOH-Orange Tobacco Free Florida** program worked in several residential properties to implement smoke free policies.

- **Students Working Against Tobacco (SWAT)** is an anti-tobacco initiative designed to empower Florida youth to say no to tobacco and speak out about the destructive practices of tobacco companies. DOH-Orange is currently working in local public schools and community centers.
- **World Heart Day/Hands only CPR.** September 29, 2016 DOH-Orange in collaborating with Community partners (Orange County Emergency Medical Services, Orange County Fire and Rescue, Orlando Police Department and other private community partners implemented a county-wide “Hands Only CPR” training event.

## **Strategic Issue Area #2: Health Protection**

While infant mortality rates for all races has improved over the last four years, preterm births continue to be an area of concern. DOH-Orange in collaboration with the Infant Mortality Task Force continue to address this issue. In 2016, the State Surgeon General's Healthy Baby's Initiative helped provide funding and resources for infant mortality initiatives lead by the Health Start program and the Infant Mortality Task Force.

### **Goal 2: Reduce preterm births.**

<b>Objective</b>	<b>Baseline<sup>4</sup></b>	<b>Reported 12/2015</b>	<b>Current Level 12/2016</b>
<p>2.1 By June 30, 2017, prevent and reduce preterm births by 3% through culturally and linguistically sensitive education on the importance of early prenatal care.</p> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> <li>• Orange County Healthy Start Coalition</li> <li>• Infant Mortality Taskforce</li> </ul>	<p><b>Infant Mortality All Races</b> = 7.7 0per 1,000 (2010)</p> <p><b>Black Infant Mortality</b> = 13.8 per 1,000 (2010)</p> <p><b>Hispanic Infant Mortality</b> = 7 per 1,000 (2010)</p> <p><b>White Infant Mortality</b> = 5.1 per 1,000 (2010)</p> <p><b>Early Prenatal Care</b> 79.3% (2009-11)</p> <p><b>Premature Births</b> (&lt; 37 weeks gestation) = 14.7%</p>	<p><b>Infant Mortality All Races</b> = 5.2 per 1,000 (2014)</p> <p><b>Black Infant Mortality</b> = 8.4 per 1,000 (2014)</p> <p><b>Hispanic Infant Mortality</b> = 5.6 per 1,000 (2014)</p> <p><b>White Infant Mortality</b> = 4.1 per 1,000 (2014)</p> <p><b>Early Prenatal Care</b> 83.9% (2014)</p> <p><b>Premature Births</b> (&lt; 37 weeks gestation) = 14.9%</p>	<p><b>Infant Mortality All Races</b> = 6.4 per 1,000 (2015)</p> <p><b>Black Infant Mortality</b> = 10.8 per 1,000 (2015)</p> <p><b>Hispanic Infant Mortality</b> = 5.6 per 1,000 (2015)</p> <p><b>White Infant Mortality</b> = 4.4 per 1,000 (2014)</p> <p><b>Early Prenatal Care</b> 83.1% (2015)</p> <p><b>Premature Births</b> (&lt; 37 weeks gestation) = 10.5% (2015)</p>

<sup>4</sup> Statistics taken from Florida CHARTS for Orange County, FL



<b><u>Objective</u></b>	<b><u>Baseline<sup>4</sup></u></b>	<b><u>Reported 12/2015</u></b>	<b><u>Current Level 12/2016</u></b>
<p>2.2 By June 30, 2017, prevent and reduce preterm births by 3% through increasing access to care for women of childbearing age.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> <li>• Orange County Healthy Start Coalition</li> <li>• Infant Mortality Taskforce</li> </ul>	<p><b>Adults with health insurance coverage = 84.55 (2010)</b></p>	<p><b>Adults with health insurance coverage = 72.30 (2014)</b></p>	<p>No updated data.</p>
<p>2.3 By June 30, 2017, prevent and reduce by 3% preterm births related to the social determinants of health.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> <li>• Orange County Healthy Start Coalition</li> <li>• Infant Mortality Taskforce</li> </ul>	<p><b>Premature Births (&lt; 37 weeks gestation) = 14.7%</b></p>	<p><b>Premature Births (&lt; 37 weeks gestation) = 14.9% (2014)</b></p>	<p><b>Premature Births (&lt; 37 weeks gestation) = 10.5% (2015)</b></p>
<p>2.4 By June 30, 2017, prevent and reduce by 3% preterm births through policy change that supports early prenatal care.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> <li>• Orange County Healthy Start Coalition</li> <li>• Infant Mortality Taskforce</li> </ul>	<p><b>Early Prenatal Care 79.3% (2009-11)</b></p> <p><b>Premature Births (&lt; 37 weeks gestation) = 14.7%</b></p>	<p><b>Early Prenatal Care 83.9% (2014)</b></p> <p><b>Premature Births (&lt; 37 weeks gestation) = 14.9% (2014)</b></p>	<p><b>Early Prenatal Care 83.1% (2015)</b></p> <p><b>Premature Births (&lt; 37 weeks gestation) = 10.5% (2015)</b></p>

<u>Objective</u>	<u>Baseline<sup>4</sup></u>	<u>Reported 12/2015</u>	<u>Current Level 12/2016</u>
<p>2.5 By June 30, 2017, prevent and reduce by 3% preterm births by decreasing the number of voluntary Cesarean Sections.</p> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> <li>• Orange County Healthy Start Coalition</li> <li>• Infant Mortality Taskforce</li> </ul>	<p><b>Cesarean Section Deliveries</b> reported = 6,043 (2012)</p>	<p><b>Cesarean Section Deliveries</b> reported = 5,226 (2014) (A decrease of 817 C/S deliveries, which is a decrease of 13.5%)</p>	<p><b>Cesarean Section Deliveries</b> reported = 6,094 (2015)</p>

**NOTE:** Items in **GREEN** indicate that the objective was met. Those in **RED** indicate that the objective was not met.

#### Initiatives Implemented to Support Objective:

- **Healthy Start** is implementing a program called ***Bellies, Babies and Beyond***. The program's goal is to reduce infant mortality rates and other health problems related to pregnancy.
- DOH-Orange in partnership with the *Infant Mortality Taskforce* to implement the State Surgeon General's ***Healthy Babies Initiative***.

#### Goal 3: Prevent disease, disability and death through public health interventions.

<u>Objective</u>	<u>Baseline<sup>5</sup></u>	<u>Reported 12/2015</u>	<u>Current Level 12/2016</u>
<p>3.1 By June 30, 2017, increase to 90% the number of two-year-olds who are fully immunized.</p> <p><b>Partners</b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>Children &lt; 2 years of age</b> fully immunized = 87% (2011)</p>	<p><b>Children &lt; 2 years of age</b> fully immunized = 95.4% (2014)</p>	<p><b>Children &lt; 2 years of age</b> fully immunized = 88.9% (2015)</p>

<sup>5</sup> Statistics taken from Florida CHARTS for Orange County, FL

<b><u>Objective</u></b>	<b><u>Baseline<sup>5</sup></u></b>	<b><u>Reported 12/2015</u></b>	<b><u>Current Level 12/2016</u></b>
<p>3.2 By June 30, 2017, increase to 75% the number of adults aged 65 and older who have had a flu shot in the previous year.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>Adults &gt; 65 years of age</b> who received the flu shot = 61.7% (2010)</p>	<p><b>No update in statistics for Adults &gt;65.</b></p> <p><b>Current data for all adults and is at 23.7% for 2013</b></p>	<p><b>Adults &gt; 65 years of age</b> who received the flu shot = 47.4% (2013)</p>
<p>3.3 By June 30, 2017, reduce to 2,620 per 100,000 the rate of bacterial STD cases among females 15-34 years of age.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>Chlamydia</b> cases reported = 527.6 per 100,000 (2009-11)</p> <p><b>Gonorrhea</b> cases reported = 152 per 100,000 (2009-11)</p>	<p><b>Chlamydia</b> cases reported = 577.2 per 100,000 (2014) (Reported cases increased 4.7% from 6,839 in 2013 to 7,162 in 2014)</p> <p><b>Gonorrhea</b> cases reported = 150 per 100,000 (2014) (Reported cases decreased by 3.5% from 1,912 in 2012 to 1,845 in 2014)</p>	<p><b>Chlamydia</b> cases reported = 634.1 per 100,000 (2015) (Reported cases increased 11% from 7,162 in 2014 to 8,022 in 2015))</p> <p><b>Gonorrhea</b> cases reported = 174.1 per 100,000 (2015) (Reported cases increased by 17% from 1,845 in 2014 to 2,203 in 2015)</p>
<p>3.4 By June 30, 2017, reduce the TB case rate to 3.5 per 100,000.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>TB</b> cases reported = 4.7 per 100,000</p>	<p><b>TB cases reported = 5.3 per 100,000</b></p>	<p><b>TB cases reported = 4.6 per 100,000 (2015)</b></p>
<p>3.5 By December 31, 2015, increase to 93% the number of TB patients completing therapy within 12 months of initiation of treatment.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>Patients completing 12 month TB therapy</b> = 86.8% (2010)</p>	<p><b>Increase of 13.2% to 100%</b></p> <p><b>Patients completing 12 month TB therapy = 100% (2013)</b></p>	<p><b>100%</b></p> <p><b>100%</b></p>

<b><u>Objective</u></b>	<b><u>Baseline<sup>5</sup></u></b>	<b><u>Reported 12/2015</u></b>	<b><u>Current Level 12/2016</u></b>
<p>3.6 By June 30, 2017, reduce the enteric disease case rate to 51.7 per 100,000.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>All Enteric Diseases = 62.8 per 100,000 (2011)</b></p>	<p><b>All Enteric Diseases = 66.2 per 100,000 (2014)</b></p>	<p>No updated data.</p>
<p>3.7 By June 30, 2017, reduce the AIDS case rate to 20.5 per 100,000.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>AIDS cases reported = 25.9 per 100,000 (2009-11)</b></p> <p><b>HIV/AIDS age-adjusted death rate = 5.4 per 100,000 (2009-11)</b></p>	<p><b>AIDS cases reported = 20.0 per 100,000 (2014)</b></p> <p><b>HIV/AIDS age-adjusted death rate = 3.5 per 100,000 (2014)</b></p>	<p><b>AIDS cases reported = 15.7 per 100,000 (2015)</b></p> <p><b>HIV/AIDS age-adjusted death rate = 4.0 per 100,000 (2015)</b></p>
<p>3.8 By June 30, 2017, increase to 95% the number of HIV-infected people in Orange County who know they are infected.</p> <p><b><u>Partners</u></b></p> <ul style="list-style-type: none"> <li>• Healthy Orange Collaboration</li> <li>• DOH-ORANGE</li> </ul>	<p><b>HIV cases reported = 41.4 per 100,000 (2009-11)</b></p> <p><b>Adults less than 65 years of age who had an HIV test in the past 12 months = 7.2% (2010)</b></p> <p><b>All HIV cases = 39.9 per 100,000 (2012)</b></p>	<p><b>HIV cases reported = 37.8 per 100,000 (2012-2014)</b></p> <p><b>Adults less than 65 years of age who had an HIV test in the past 12 months = 19.8% (2013)</b></p> <p><b>All HIV cases = 40.8 per 100,000 (2014)</b></p>	<p><b>HIV cases reported = 31.5 per 100,000 (2013-2015)</b></p> <p>No updated data.</p> <p><b>All HIV cases = 34.5 per 100,000 (2015)</b></p>

NOTE: Items in **GREEN** indicate that the objective was met. Those in **RED** indicate that the objective was not met.

#### Initiatives Implemented to Support Objective:

- The department continued to implement the **Video Direct Observation Therapy (VDOT)** program to monitor patients and medication adherence.
- The **DOH-Orange Epidemiology** Program had more than their share of challenges in 2016 with emerging and re-emerging infectious diseases such as Zika.
- The HIV/Immunology Department continued to provide services through a **Patient-Centered Care Team (PCCT)** model with the goal to improve patient and providers experience of care.

## Revisions

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On the meeting held in October 2, 2015, there were no major revisions recommended for the Community Health Improvement Plan. The only modification will be the timeline which will now align with the partners' timeline (2012-2017).

The last meeting of the Healthy Orange Collaborative was April 2016. The CHIP was not directly discussed in any of the meetings since October 2, 2015. Members of the Collaborative are currently holding for its re-organization. DOH Orange, however, has worked to bring together community representatives (some who were originally members of the Healthy Orange Collaborative) for the development of the 2016-2019 CHIP.

## Accomplishments

This section contains two (2) strategies or objectives from the CHIP that are considered to be successful because they support the objective and help to build public health capital in our community.

Goal	Objective	Accomplishment
Goal 1: Decrease morbidity and mortality related to diabetes and heart disease.	1.6 By June 30, 2017, reduce the severity of cardiac events through aggressive CPR training.	<b>World Heart Day/Hands only CPR.</b> September 29, 2015 DOH-Orange in collaborating with Community partners (Orange County Emergency Medical Services, Orange County Fire and Rescue, Orlando Police Department and other private community partners implemented a county-wide “Hands Only CPR” training event.
<b>How it’s important for our community:</b> Chronic disease continues to be play a role in the health status of our community. Heart disease, stroke, heart failure, and diabetes rates have all increased in the last three years. Providing training to our community members so that they can save lives is a key component in empowering residents.		
Goal 2: Reduce preterm births.	2.2 By June 30, 2017, prevent and reduce preterm births by 3% through increasing access to care for women of childbearing age	<b>Pine Hills community Red Carpet</b> event was a collaboration between the Pine Hills Wellness Council and other agencies including DOH-Orange to raise awareness about the importance of pre-conceptual health for infant outcome. Viewing of <b>Unnatural Causes</b> with special emphasis on infant mortality. The event sought input from community residents on how to improve access to care. <b>Findings<sup>6</sup>:</b> A total of 49 residents attended the event primarily from the 32808 and 32818 zip codes. When asked to identify barriers and issues faced in their community, participants mentioned: lack of playgrounds, lack of dental care, lack of transportation, lack of access to healthy food, lack of access to mental health for youth, lack of information sharing, etc.
<b>How it’s important for our community:</b> Countywide, very preterm births (<32 weeks gestation) accounted for 54% of excess infant mortality, 48% among low socioeconomic status (SES) mothers, and 56% among mothers who are not white non-Hispanic. Over half of Orange County’s excess infant mortality is due to very preterm birth. Preventing preterm births often means improving the health of mothers before or soon after conception, including addressing social inequities and access to medical care. This activity helped to provide information and resources to the residents in the Pine Hills community.		

<sup>6</sup> Data presented in this section were provided by the Pine Hills Wellness Project (September 2015).

## Conclusion

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The last meeting of the Coalition was March 4, 2016. Shortly afterwards, Coalition members decided to synchronize the timeframe for the Community Health Assessments. A new CHIP is in process and will be published by early 2017 to replace the current 2012 – 2017 Orange County CHIP.

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

## Appendices

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## Appendix A: Annual CHIP Review Meeting Agenda



### Healthy Orange Florida Collaboration

Monthly Meeting Agenda  
February 5, 2016

#### I. Welcome and Introductions

#### II. Action Items from Previous Meeting

- a. **Action 1:** Lainie Fox Ackerman and Verbelee Nielsen Swanson are drafting minutes from the December, 2015 meeting to present for approval at the February meeting.
- b. **Action 2:** Send the Health Council information on programs to be listed in their database that is used by HealthSpan for central referral to physicians and support services.
- c. **Action 3:** Yolanda Martínez will report back in February on other government jurisdictions that submitted applications for the Healthiest Weight designation.
- d. **Action 4:** Pegge Parker will check for agenda dates for ECFRPC and let Mary Stewart-Droege and Verbelee Nielsen-Swanson know.
- e. **Action 5:** Lainie Fox-Ackerman will send out a flyer for an Orlando Health car seat safety event.

#### III. Community Health Issue Updates

- a. Zika Virus Awareness <http://www.cdc.gov/zika/geo/>
- b. Peak flu season <http://www.cdc.gov/flu/weekly/>
- c. Heart Month/Go Red for Women <http://www.cdc.gov/features/heartmonth/index.html>
- d. Baby Friendly Hospitals
- e. Healthiest Weight
- f. World Cancer Day – Talking Hands (February 4<sup>th</sup>)
- g. Other

**IV. Project Updates**

- a. LIFT Orlando
- b. Bithlo
- c. CHNA

**V. New Items**

- a. Hearts and the arts - Terry Olsen and Mary Stewart-Droege
- b. Gun safety/trauma prevention <http://www.projectchildsafe.org> – Dr. Kevin Sherin
- c. Grant follow-up - Mary Stewart-Droege
- d. Public Health System Assessment – Ellis Pérez
- e. Community Health Improvement Plan/Sub-Committees – Yolanda Martínez

**VI. Actions For The Next Meeting**

**VII. Adjourn/Next Meeting, March 4, 2016**

## Appendix B: Annual CHIP Review Community Meeting



### Healthy Orange Florida Collaboration

February 5, 2016

#### MEETING MINUTES

#### Attendees:

- I. **Welcome and Introductions:** Dr. Kevin Sherin from the Florida Department of Health facilitated the meeting along with Mary Stewart-Droege from the City of Orlando. Minutes from the January 8<sup>th</sup> meeting were reviewed. **Corrections:** Andre Minotte and Mary Stewart-Droege's names misspelled (page 1 and page 4).

Healthy Orange is a large group of members who come and go. The group serves primarily to share information of the many activities in the community. We need to re-address the work through subcommittees and look for grant funding opportunities. Need to focus on the Community Health Improvement Plan objectives.

Dr. Sherin asked attendees to think about how to re-organize the group, i.e., a group that works behind the scenes and a steering committee.

#### II. **Action Items from Previous Meeting**

- a. **Action 1:** Lainie Fox Ackerman and Verbelee Nielsen Swanson are drafting minutes from the December, 2015 meeting to present for approval at the February meeting. Awaiting minutes from December meeting.
- b. **Action 2:** Send the Health Council information on programs to be listed in their database that is used by HealthSpan for central referral to physicians and support services. Ken was not at meeting, no updates on this item.
- c. **Action 3:** Yolanda Martínez will report back in February on other government jurisdictions that submitted applications for the Healthiest Weight designation. City of Orlando and Winter Park submitted applications.
- d. **Action 4:** Pegge Parker will check for agenda dates for ECFRPC and let Mary Stewart-Droege and Verbelee Nielsen-Swanson know. No updates.
- e. **Action 5:** Lainie Fox-Ackerman will send out a flyer for an Orlando Health car seat safety event. No updates.

### III. Community Health Issue Updates

- a. Zika Virus Awareness <http://www.cdc.gov/zika/geo/>  
Dr. Sherin provided an update. Cases will be declared when (1) person shows symptoms and (2) it is confirmed by lab. Dr. Sherin has been in conversations with Dr. George Ralls (County Government) and mosquito control. If a case is identified, then mosquito control will be sent to that area to spray. For prevention, Dr. Sherin distributed information on “drain and cover.”
- b. Peak flu season <http://www.cdc.gov/flu/weekly/>  
Dr. Sherin stressed that it is peak flu season. Urged everyone to get vaccinated.
- c. Heart Month/Go Red for Women <http://www.cdc.gov/features/heartmonth/index.html>  
Kariely Negrón, DOH Orange Healthiest Weight Coordinator distributed information on Heart Month. Dr. Sherin stressed “Go Red for Women.”
- d. Baby Friendly Hospitals  
Dr. Sherin and Linda Sutherland talked about the importance of breast feeding and the importance of work-sites having a breast feeding location for new mothers. Discussed initiative with hospital on the Baby Friendly designation through the national Baby Friendly Hospital Initiative (BFHI).
- e. Healthiest Weight  
City of Orlando and Winter Park applied and received the Healthiest Weight Champion recognition from the state.
- f. World Cancer Day – Talking Hands (February 4<sup>th</sup>)  
Kariely Negrón from DOH Orange discussed the activity that was done to bring awareness to cancer prevention through “talking hands,” messages that were written on people’s hands to share a message of hope.
- g. Other  
No update.

### IV. Project Updates

- a. LIFT Orlando

Tim was able to get a flyer to share with attendees. Event to take place at Jones High School on

2/13 from 11 am to 2 pm.

b. Bithlo

Making progress on mental health access to services. ASPIRE is present in all of the schools that serve the Bithlo community. Need to look at water quality. Orange County Academy very productive this year. A lot of momentum in the Bithlo transformation efforts.

c. CHNA

Four county process with health departments and two hospital systems. Dawn Emerick will produce her report in late Spring.

**V. New Items**

a. Hearts and the arts - Terry Olsen and Mary Stewart-Droege

No update.

b. Gun safety/trauma prevention <http://www.projectchildsafe.org> – Dr. Kevin Sherin

Dr. Sherin and Linda Sutherland discussed the efforts from the League of Women Voters and public health concern.

c. Grant follow-up - Mary Stewart-Droege

The non-for-profits contacted unfortunately could not move forward with the application.

d. Public Health System Assessment – Ellis Pérez

Component of the CHNA. Meeting to be held March 16<sup>th</sup> at Second Harvest Food bank from 9am to 5pm

e. Community Health Improvement Plan/Sub-Committees – Yolanda Martínez  
Reiterated Dr. Sherin's comments from early in the meeting regarding the need to consider reinstating the work by subcommittees. Sub-committees mentioned include:

Food Subcommittee: Mary Stewart-Droege and Martha Santoni

HIV/Infectious Diseases Subcommittee: Dr. Sherin

Infant Mortality Subcommittee: Linda Sutherland and Dr. Sherin

Diabetes Subcommittee: Andre Minott

Policy Subcommittee: Areas to focus on include water quality, gun control, mental health, etc.

f. Orlando Health Community Grant Program:

<http://www.orlandohealth.com/aboutus/community-involvement/community-grant->

[program?ref=279D76A3224E40E6B9751B3E8D7EF2EE&hcmacid=a0bi000000HyCQ3AA](http://program?ref=279D76A3224E40E6B9751B3E8D7EF2EE&hcmacid=a0bi000000HyCQ3AA)  
[N](#) Information about the grant was distributed.

**VI. Actions For The Next Meeting**

**VII. Adjourn/Next Meeting, March 4, 2016**

**Action Register**

Action Item	Person Responsible	Deliverable Date
Subcommittees	Dr. Kevin Sherin Mary Stewart Droege Martha Santoni Linda Sutherland Andre Minott	TBA